

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005487
STATE FILE NUMBER

AMENDED

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 10

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		c. CITY OR TOWN Centralia	
Length of stay in 1b 10 days		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way Nursing Home		d. STREET ADDRESS (If outside, give location) 422 North Allen	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Edwin Last Atkins		4. DATE OF DEATH Month Feb Day 12 Year 1962	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/18/82
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 9 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY A.B.Chance Co. Clinton, Indiana	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Atkins		13b. MOTHER'S MAIDEN NAME Nancy Schue	
14. NAME OF HUSBAND OR WIFE Mayme R. Atkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Charles Atkins, Centralia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral artery thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: [REDACTED] DUE TO (b) cerebral arteriosclerosis DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 2 days year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Centralia, Missouri	
21. I attended the deceased from 7-21-59 to 2-10-62 and last saw him alive on 2-10-62 Death occurred at 10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Robert L. Ward M.D.	
22b. ADDRESS Centralia, Missouri		22c. DATE SIGNED 2-13-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 14, 1962	23c. NAME OF CEMETERY OR CREMATORY Glendale Gardens	23d. LOCATION (City, town, or county) (State) Centralia, Mo.
24. FUNERAL DIRECTOR Bess J. Meadows	25. DATE RECD. BY LOCAL REG. Feb 14, 1962	26. REGISTRAR'S SIGNATURE Maud Mc Bride	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bess J. Menden

Licensed Embalmer No. 4876

P. O. Address

Centerville, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.